

First Day Registration 3 Year Old Pre-K Program
Watervliet City School District

Student Information

Student ID #

Student's Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ NY, Zip Code _____

Home Phone _____ Work Phone _____ Grade ____ DOB _____

Students Place of Birth: City _____ State _____ Country _____

Male Female Social Security Number (optional) _____

Ethnic Category: White (not Hispanic) Black (not Hispanic) Hispanic

American Indian/Alaskan Asian Pacific Islander

Students Home Language: English _____ Other _____

Residence Type: Own Rent Lease Unknown

Family History

Father's Name _____ DOB _____ Occupation _____

Address _____ City _____ Place of Employment _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email address _____

Mother's Name _____ DOB _____ Occupation _____

Address _____ City _____ Place of Employment _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email address _____

Parents: Married Divorced Separated Widowed Single

If parents are separated, what legal arrangements are in place?

Joint Custody Sole Custody Visitation Rights Foster Students

NOTE: A complete certified copy of the court custody decision bearing its case number and including the official stamp and signature are required

If child is **NOT** living with a parent, please indicate guardian's name _____

Guardian's relationship to child _____

Home Phone _____ Business Phone _____

Guardian's mailing address _____

Brothers or Sisters in School

- 1. _____ Grade _____ School _____
- 2. _____ Grade _____ School _____
- 3. _____ Grade _____ School _____
- 4. _____ Grade _____ School _____

EMERGENCY DATA

In case of an emergency, illness, accident or removal from school due to discipline issues we will contact the parent/guardian first. If we are unsuccessful the following adults listed will be contacted. Please inform these people that are listed as emergency contacts for your child. If your child needs to leave school, only the following adults, including the parents, will be allowed to sign him /her out:

In case of early dismissal or a “go home” drill, where should your child go? If not dismissed to home, then please list the location and responsible adult’s name. _____

PLEASE NOTE: Please indicate with your emergency contacts if the phone is home, work or cell.

- 1. Contact _____ Relationship _____ Phone# _____ (h)(w)(c)
- 2. Contact _____ Relationship _____ Phone# _____ (h)(w)(c)
- 3. Contact _____ Relationship _____ Phone# _____ (h)(w)(c)

Physician to Be Called in an Emergency _____ Phone # _____

In Case Of an Emergency, Hospital Preferred _____

Please list any serious illness such as Heart Disease, Diabetes, Epilepsy, severe allergies, eye or ear problems or any chronic condition, etc. Please include any operation or serious injury, eg. fractures, severe laceration requiring sutures, etc. _____

Does student have an IEP or 504 Plan with Special Education? YES [] NO []

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provided false information on these forms to the Watervliet City School District with the intent to defraud the District, I may be committing the crime of perjury in the second degree (a class E Felony); and I may be prosecuted on criminal charges for such false information.

Signature of parent/guardian _____ **Date** _____